

Training in Reproductive Health III

1998 Annual Report

JHPIEGO 
CORPORATION

A

TABLE OF CONTENTS

Overview	1
TRH/III Benchmark Levels of Achievement, 1 October 1997–30 September 1998	4
Strategic Objectives 1 and 2: Capacity Building and Direct Training	5
Strategic Objective 3: Maximizing Access to and Quality of Family Planning Services (MAQ)	20
Strategic Objective 4: Training Technologies, Approaches and Materials Development	21
Strategic Objective 5: Global Expert Resource Development	22
Summary	25
1998 Annual Expenditure Summary	28
Learning Materials, Publications and Presentations	30

Editors: Ann Blouse, Susan J Griffey Brechin and Dana Lewison

Contributing Writer: Chris Davis

Data Analysis: Kyahn Kamali

Cover Design: Deborah Brigade

Financial support for this publication was provided by the United States Agency for International Development (USAID). The views expressed are those of the writers/editors and do not necessarily reflect those of USAID.

ANNUAL REPORT

1 OCTOBER 1997–30 SEPTEMBER 1998

PROJECT TRAINING IN REPRODUCTIVE HEALTH III (TRH/III)
NO. CCP-A-0093-00020-00
DATES 1 October 1993–30 September 1998

OVERVIEW

This Annual Report will summarize the program achievements and financial status of the TRH/III project for the period 1 October 1997 through 30 September 1998. In addition, a review of selected Fourth Cooperative Agreement commitments from 1 October 1993 through 30 September 1998 is presented.

TRH/III Objectives (1 October 1993–30 September 1998)

Capacity Building—to establish the capacity of host countries to train their own healthcare personnel to deliver quality family planning (FP) services, especially long-term methods, through the development of national training systems.

Direct Training—to meet short-term national family planning needs, especially in long-term methods, through the training of service providers.

Maximizing Access and Quality of Services—to increase access to and quality of reproductive health (RH) services by strengthening medical, training and service protocols and practices worldwide.

Training Technologies, Approaches and Materials Development—to improve the effectiveness and efficiency of reproductive health training.

Global Expert Resource Development—to expand international reproductive health training resources and systems.

Since 1993, JHPIEGO has been able to track the majority of its activities through the use of our Automated Program Monitoring System (APMS®). A detailed monitoring and evaluation (M&E) framework was developed at the beginning of the TRH/III Cooperative Agreement to provide both tracking and measurement of progress in those global and country program activities reported to USAID at the Cooperative Agreement Indicator (CAI) level. The framework further breaks down complex CAIs, such as capacity-building activities, into multiple benchmarks so that progress in achieving the CAIs can be monitored incrementally.

The M&E framework has four levels of achievement for benchmarks, as follows:

Level 1

- necessary first steps in a new training activity being undertaken
- in a mature program, revision/upgrading of training activities

Level 2

- achievements expected after a period of time (usually 2–3 years)

Level 3

- the outcome expected after a minimum of 5 years of coordinated program efforts

Level 4

- the ultimate goal within the individual component

For complex indicators such as establishment of training programs, benchmarks are also categorized into components, such as those shown in **Table 1**.

Table 1. TRH/III. Complex Cooperative Agreement Indicators: Benchmark Components for Establishment of Preservice/Inservice Training Programs

INDICATORS FOR PRESERVICE/INSERVICE RH TRAINING PROGRAMS	BENCHMARK COMPONENTS FOR PRESERVICE/INSERVICE RH TRAINING PROGRAMS ESTABLISHED
<ul style="list-style-type: none">• Reproductive health training program established in one or more of the major preservice (medical, midwifery, nursing) systems• Inservice FP/RH training system (government or nongovernmental organization [NGO]) established	<ul style="list-style-type: none">• FP/RH curricular component/course schedule• Staff/faculty (classroom instruction, clinical practice)• Clinical training sites• Learning materials• Quality monitoring system• Training information systems

TRH/III Linkages to the Global Population Health and Nutrition (G/PHN) Results Framework (Table 2)

To meet USAID's overall goal of **Stabilizing World Population and Protecting Human Health**, the G/PHN Center developed four Strategic Objectives (SO) in relation to overall Agency Strategic Objectives. For each SO, there is a subset of Intermediate Results (IR) which allow cooperating agencies to document measurable achievements in selected reproductive health areas related to:

- family planning,
- maternal and child health and nutrition, and
- HIV/AIDS/STD prevention.

When the Results Framework was being developed by the G/PHN Center, JHPIEGO systematically reviewed its M&E framework (benchmarks and CAIs) relative to the G/PHN Center's Strategic Objectives and Intermediate Results. JHPIEGO's primary linkage was to SO1 for the TRH/III Cooperative Agreement, and each CAI and benchmark is linked to one or more of the IRs in SO1 although TRH/III program activities contribute to only a limited set of all of the IRs.

Our focus on education and training fits well with USAID's life-cycle approach that relates to the needs of women:

- during adolescence (primary prevention of both STDs and pregnancy);
- during reproduction (prevention of STDs, pregnancy, delivery and postpartum care including postabortion care, appropriate timing of pregnancy including use of family planning as desired); and
- throughout the reproductive period (continued maternal health, including use of family planning as desired, and prevention of STDs).

Table 2. TRH/III Linkages to G/PHN Center Strategic Objectives and Intermediate Results (1 October 1993–30 September 1998)

AGENCY STRATEGIC OBJECTIVE G/PHN STRATEGIC OBJECTIVE APPLICABLE INTERMEDIATE RESULTS	JHPIEGO OBJECTIVES LINKAGE
1. Sustainable reduction in unintended pregnancies 1. Increased use by women and men of voluntary practices that contribute to reduced fertility	
IR1.1. New and improved technologies and approaches for FP programs	Training Technologies Global Expert Resources
IR1.2. Improved policy environment and increased global resources for FP programs	Capacity Building MAQ
IR1.3. Enhanced capacity for national programs (public, private, NGO and community-based institutions) to design, implement, evaluate and finance sustainable FP/RH interventions	Capacity Building MAQ Global Expert Resources
IR1.4. Increased access to, quality of, cost-effectiveness of and motivation for use of FP, breastfeeding and selected RH information and services	Capacity Building Direct Training MAQ
2. Sustainable reduction in maternal mortality 2. Increased use of key maternal health and nutrition interventions	
IR2.4. Quality of antenatal, essential obstetric care, postpartum, postabortion and newborn care increased in selected countries	Capacity Building
3. Sustainable reduction in infant and child mortality 3. Increased use of key child health and nutrition interventions	N/A
4. Sustainable reduction in STD/HIV transmission among key populations	
4. Increased use of improved effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic	
IR4.2. Enhanced quality, availability and demand for STD management prevention services	Capacity Building MAQ

TRH/III BENCHMARK LEVELS OF ACHIEVEMENT, 1 OCTOBER 1997–30 SEPTEMBER 1998

As previously described, to measure progress in achieving program objectives, JHPIEGO uses a system of programmatic milestones, or benchmarks, which assist

program staff to plan, monitor and assess their work according to standardized steps. Key areas for which benchmarks were developed are:

- national family planning/reproductive health policy and service guidelines
- preservice training for health professional schools
- inservice training for practicing health professionals

Figures 1–11 show levels of achievement related to these three key areas, with illustrations of several of the components for establishment of training programs:

- Curriculum Development
- Faculty/Tutor Classroom Presentation Skills
- Clinical Trainer/Preceptor Capability to Transfer Family Planning/Reproductive Health Skills
- Development of Learning Materials
- Strengthening Clinical Training Sites

STRATEGIC OBJECTIVES 1 AND 2: CAPACITY BUILDING AND DIRECT TRAINING

This report concentrates on JHPIEGO's work in capacity building, a prerequisite for sustainability. Although direct training (see page 19) is still important to sustainability, most of our work toward this objective is encompassed by Strategic Objective 1, Capacity Building.

CAPACITY BUILDING

As described on page 1, benchmarks have been developed for key areas that correspond to our programmatic objectives. **Figures 1–11** show levels of benchmark achievement in development of national service guidelines, preservice reproductive health education and inservice reproductive health training. The countries shown in italics are those that have moved up one or more levels in benchmark achievement since 1997, or are in their first year of benchmark achievement. For some countries, we have specified whether the benchmark achievement was in the nursing (Nsg.) or medical (Med.) arena.

NATIONAL POLICY AND SERVICE GUIDELINES

JHPIEGO has assisted reproductive health professionals and policymakers in a number of countries to establish national policy and service guidelines for reproductive health. These guidelines define and set standards for service delivery and training of service providers; provide standards for the skills and knowledge needed by each type of provider; define the necessary content of training courses;

and guide the revision of service delivery assessment and management tools. **Figure 1** shows the highest level at which any benchmarks have been completed in the development of such guidelines for 26 countries in which we were working from the beginning of the Fourth Cooperative Agreement to the end of 1998.

Figure 1. Highest Level at Which Any Benchmarks Have Been Completed in *Development of National Service Guidelines*

National FP/RH Service Guidelines have been disseminated					<i>Brazil India Indonesia Kazakhstan Kyrgyzstan Peru Philippines Turkey Uzbekistan Zimbabwe</i>
National FP/RH Service Guidelines have been adopted					<i>Bolivia Guinea Nepal Russia Ukraine</i>
Level 4: Officially endorsed by policymakers				<i>Guatemala</i>	
Level 3: Document published			<i>Ecuador Kenya Senegal</i>		
Level 2: Advisory group formed; draft guidelines produced; medical barriers addressed; guidelines externally reviewed		<i>Botswana Burkina Faso Cameroon Ghana* Jamaica</i>			
Level 1: Country officials sensitized about need for revising guidelines; knowledge updated; consensus reached	<i>Niger Uganda</i>				
* In Ghana, JHPIEGO has participated in the INTRAH-led development of national service guidelines at this level.					
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.					

Bahia State Secretary of Health Launches Reproductive Health Service Guidelines

In March, Bahia State Secretary of Health, Dr. José Maria de Magalhães Netto, launched the state's new Reproductive Health Service Guidelines (RHSG) in the presence of representatives from the State Secretariats of Health and Education, AID/Brazil and JHPIEGO. The guidelines, which have been finalized and approved by government authorities, are the result of 2 years of collaborative effort among USAID, Bahia State Secretariat of Health and JHPIEGO. The RHSG document is the technical reference upon which criteria for quality reproductive health service provision standards have been elaborated and self-assessment and external

assessment checklists developed. Under the PROQUALI project, JHPIEGO will continue to work with the Johns Hopkins University/Population Communication Services, Management Sciences for Health/Family Planning Management Development and the State Secretariat of Health to ensure that the new guidelines are actually applied during service delivery.

Ceará State Launches Reproductive Health Service Guidelines

On May 28, 1998, during the Ceará State Secretariat of Health's conference commemorating Worldwide Maternal Mortality Prevention Day, Ceará State launched its new Reproductive Health Service Guidelines. Dr. Renata Jereissati, Ceará State First Lady, and Dr. Anastacio de Sousa Queiroz, Ceará State Secretary of Health, attended the launching ceremony and noted the important benefits the new guidelines will provide to women's health and to the state's family planning program. JHPIEGO provided support and technical assistance for the development and publication of 2,000 copies of the guidelines, and the United Nations Population Fund (UNFPA) provided financial support for the publication of 4,000 additional copies to be distributed statewide. Two core groups of resource persons, selected by Ceará State Secretariat of Health (SESA)/Viva Mulher and trained as trainers for the Ceará guidelines dissemination, conducted statewide training of physicians, nurses, auxiliary nurses and community health agents.

Kenya's Revised Guidelines Set New, Modern Standards for Family Planning/Reproductive Health Service Provision

Kenya has revised its national *Reproductive Health/Family Planning Policy Guidelines and Standards for Service Providers* to reflect the new concepts and knowledge that have evolved since the guidelines were first published in 1991. By establishing firm standards for all health facilities, these revised guidelines are expected to support service providers as they deliver quality reproductive healthcare that meets the expectations of all clients. With USAID-financed technical assistance (chiefly through JHPIEGO), the Division of Primary Health Care/Ministry of Health and other family planning organizations developed these revised guidelines based on their increasing experience in the delivery of family planning services and recent research findings. The guidelines include new sections on postabortion care, adolescent needs and integration of HIV/AIDS services. The Ministry of Health is disseminating the new guidelines through a variety of courses for service providers, and copies of the updated guidelines will be available in all health facilities.

PRESERVICE EDUCATION

In 1998, JHPIEGO continued its emphasis on preservice education—initial or basic training for health service professionals in schools of medicine, nursing or midwifery—for ensuring efficient use of training resources and achieving sustainability. **Figure 2** shows benchmark achievement in preservice curriculum development for 18 countries. **Figures 3 and 4** show levels of benchmark achievement in preservice faculty members' classroom skills and trainers' ability to transfer reproductive health and family planning skills to students.

Figure 2. Preservice Arena: Highest Level at Which Any Curriculum Development Benchmarks Have Been Completed

Level 4: Official standard for training in all institutions			Philippines Uganda
Level 3: Implemented in one or more institutions and officially approved for all institutions		<i>Ghana/Med. Kazakstan Kyrgyzstan Nepal Niger Russia Tajikistan Uzbekistan</i>	
Level 2: Curriculum has been revised		<i>Brazil-Ceará/Nsg. Ghana/Nsg. Guatemala/Nsg. Kenya/Nsg. Turkey Turkmenistan</i>	
Level 1: Adequacy has been assessed	<i>Morocco Peru Zimbabwe</i>		
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

Much-Needed Preservice Reproductive Health Curriculum Revision Has Begun in Ghana for Nurse-Midwifery Training

Assessments conducted in Ghana in 1997 and 1998 revealed the following: nursing and midwifery graduates could not provide services as outlined in the National Reproductive Health Service Provision Standards document; graduates lacked basic reproductive health skills; clinical training was largely unstructured; most schools lacked educational materials (particularly standardized clinical training materials), models and access to the revised national guidelines; tutors and clinical trainers needed to be updated in training skills as well as in reproductive health knowledge and skills; and communication between tutors and clinical trainers needed to be improved.

At the request of the Ministry of Health and the Nurses and Midwives Council (NMC) in Ghana, JHPIEGO is now working with the staff of selected nursing-midwifery schools staff to revise their reproductive health curriculum. A curriculum strengthening team, with representatives from the Ministry of Health, the NMC and faculty of selected schools, has been brought together to develop a curriculum revision strategy. As a first step, team members updated their reproductive health knowledge and infection prevention knowledge and skills at a workshop held in Koforidua from 8–19 June 1998. Next steps included updating team members' clinical training and instructional design skills as well as developing learning materials that would support clinical training of nursing and midwifery students in family planning and essential maternal healthcare. Staff at three schools (in Accra, Kumasi and Koforidua) that were selected as pilot sites to implement the new curriculum will receive updates in training and in reproductive health knowledge

and skills, and will be provided with educational materials and equipment. In addition, clinical training sites used by both the preservice and inservice training programs will continue to be strengthened.

Medical School Faculty in Brazil Develop Protocols for Clinical Training in Reproductive Health

With JHPIEGO technical assistance, university medical school faculty from Bahia State and Ceará State have developed protocols that will serve as a guide for clinical instructors and medical students during their clinical practice, and will standardize their reproductive health clinical procedures. Eight protocols were developed for the following content areas: prenatal care, reproductive health counseling, IUD insertion/removal, diaphragm measurement and insertion, cervical cancer screening, breast clinical examination, gynecological examination and STD screening. The professors are committed to and enthusiastic about improving the medical schools' clinical training methods and curriculum models.

National Meeting on Clinical Preceptorship in Kenya Promotes Effective Preservice Family Planning Training for Nurses

In September, a select group of Kenyan nurses, including administrators, nursing school faculty and inservice trainers representing 20 nursing schools, 13 inservice training centers and 75 family planning clinical training sites, met for 3 days to discuss basic training in family planning for nursing students. They developed a plan to ensure that students are competent in family planning skills when they graduate. The Ministry of Health, with technical and financial assistance from JHPIEGO, has been working for the past 3 years to eliminate the need for costly inservice family planning courses. But many barriers, including redeployment of skilled family planning trainers and clinical preceptors to other clinical areas, poor trainer selection, lack of supervision of students and weak linkages between hospitals and nursing schools, have delayed implementation of the new system. By the final day of the meeting, provincial and hospital nursing officers, district public health nurses, trainers and principal tutors had agreed to form a training advisory team at each of their sites. These teams would improve trainer selection and deployment practices, improve student training and supervision, and strengthen communication among hospital administrators, nursing school faculty, clinical preceptors and inservice family planning trainers. As followup to this meeting, JHPIEGO will fund "echo" meetings for each of the training centers to conduct a similar event. The echo meetings will disseminate the results of the preceptorship meeting to other key staff in their districts, including faculty from missionary nursing schools, so that they can develop a strategy that meets their own needs for inservice and preservice training.

Figure 3. Preservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Faculty/Tutor Classroom Presentation Skills

Level 4: Officially designated/responsible to teach classroom portion of curriculum in all institutions			Kenya*/Med. Philippines
Level 3: Successfully providing instruction in one or more institutions			Guatemala/Nsg. Kazakstan Kyrgyzstan <i>Morocco</i> Russia Tajikistan Turkey Turkmenistan
Level 2: Core group trained to effectively transfer knowledge		Brazil-Ceará/Nsg. Ghana Nepal Niger Zimbabwe	
Level 1: Core group in one or more institutions updated in knowledge	Brazil-Med. Indonesia <i>Kenya/Nsg. Uzbekistan</i>		
*Completed in medical schools under the Third Cooperative Agreement.			
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

Figure 4. Preservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Clinical Trainer/Preceptor Capability to Transfer Family Planning and Reproductive Health Skills

Level 4: Trainers/preceptors are officially designated/responsible to teach clinical portion			Kenya*/Med. Philippines
Level 3: Trainers/preceptors are successfully supervising clinical practice in one or more institutions			Guatemala/Nsg. Kazakhstan Kyrgyzstan Morocco Russia Tajikistan Turkey Turkmenistan Uzbekistan
Level 2: Core group trained to effectively transfer FP/RH skills		Ghana Nepal Niger Peru Zimbabwe	
Level 1: Core group of clinical trainers/preceptors have had skills standardized	Brazil-Ceará/Nsg. Indonesia Kenya/Nsg.		
* Completed in medical schools under the Third Cooperative Agreement.			
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

Figure 5. Preservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Development of Learning Materials

Level 4: A system exists for ensuring the provision of sufficient number of learning materials/supplies to all institutions			
Level 3: Adequate learning materials/supplies available in sufficient quantities in one or more institutions		Brazil-Ceará/Nsg. Guatemala/Nsg. Kenya Philippines	
Level 2: Adequate learning materials developed for use in one or more institutions		Ghana/Med. Kazakstan Kyrgyzstan Morocco Nepal Russia Senegal Tajikistan Turkmenistan Uzbekistan	
Level 1: Adequacy of learning materials/supplies assessed in one or more institutions	Ghana/Nsg. Peru Turkey Uganda Zimbabwe		
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

Ghana Integrates New Reproductive Health Protocols into Preservice and Inservice Training

In 1998, a team of regional training coordinators in Ghana worked with JHPIEGO to update a *Comprehensive RH Course Trainer's Notebook* which outlines a 3-week inservice training program for nurse-midwives. This program now includes training in family planning and selected reproductive health topics such as STDs, infertility and postabortion care, and has been harmonized with the newly revised Ministry of Health national reproductive health protocols. All nurse-midwife inservice training in Ghana will now use these updated materials.

In a related initiative, the University of Ghana Medical School in Accra and the School of Medical Sciences in Kumasi have developed a *Reproductive Health Curriculum* for the intern year of medical training. The curriculum—which addresses both classroom and clinical training needs—incorporates information contained in the national reproductive health protocols adopted by the Ministry of Health, and includes a 2-week course on family planning as well as other reproductive health modules (including labor and delivery). At both schools, Ob/Gyn and Community Health department faculty and clinical nurse trainers who train medical students worked with a JHPIEGO consultant to develop the new curriculum. Modules from the draft curriculum were tested at the two universities at the end of September 1998.

INSERVICE TRAINING

Inservice training—short-term training designed to upgrade the knowledge and skills of practicing health professionals or introduce new skills to them—is usually conducted to address gaps in job performance identified during an assessment. Although JHPIEGO emphasizes preservice education, we continue to seek the most effective balance between inservice and preservice training for ensuring client access to quality reproductive health services as well as achieving sustainability.

Figure 6. Inservice Arena: Highest Level at Which Any *Curriculum Development* Benchmarks Have Been Completed

Level 4: Official standard for training in all institutions			Ecuador Ghana/Nsg. Indonesia Kenya Nepal Tunisia
Level 3: Implemented in one or more institutions and officially approved for all institutions			Bolivia Brazil India IPPF Arab World Bureau Kazakstan Kyrgyzstan Moldova Russia Tajikistan Ukraine Uzbekistan Zimbabwe
Level 2: Curriculum has been revised		Guatemala Turkey Turkmenistan	
Level 1: Adequacy has been assessed			
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

Central Asian Republics Produce National Strategies for Self-Sustainable Action in Family Planning/Reproductive Health Training

At the Regional Conference on Family Planning/Reproductive Health Curricular Component Introduction for the Central Asian Republics, country delegations from Kazakstan, Kyrgyzstan, Tajikistan and Uzbekistan produced four national strategies for self-sustainable action. Each strategy maps out a curricular component implementation schedule for medical schools, medical refresher training institutes and departments, and nursing and midwifery schools; a completion schedule for learning packages (trainer and participant materials) in Russian and native languages; a roll-out training schedule for clinical training skills to ensure that faculty are competent to teach according to the new components; training needs in six clinical areas (minilaparotomy, infection prevention, management of postabortion complications, emergency clinical services, cervical cancer screening

and maternal and neonatal healthcare); and financial and technical support strategies. These national strategies are the culmination of a year-long effort by each of these countries to revise and approve nationally standardized family planning/reproductive health curricular components. More than 30 participants from the four countries and one observer from Turkmenistan attended the conference, which was organized by JHPIEGO under UNFPA/International Planned Parenthood Federation (IPPF) sponsorship and held at the Ministry of Health in Tashkent, Uzbekistan, from 16 to 18 September.

Figure 7. Inservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Faculty/Tutor Classroom Presentation Skills

Level 4: Officially designated/responsible to teach classroom portion of FP/RH curricular component in all institutions			Bolivia Brazil Indonesia Nepal
Level 3: Successfully providing instruction in one or more institutions			India Kazakstan Kyrgyzstan Moldova Russia Tajikistan Turkmenistan Ukraine Uzbekistan Zimbabwe
Level 2: Core group trained to effectively transfer knowledge		Burkina Faso Ecuador Ghana Kenya Turkey	
Level 1: Core group in one or more institutions updated in knowledge	Guatemala IPPF Arab World Bureau Philippines Senegal		
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

Figure 8. Inservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in *Clinical Trainer/Preceptor Capability to Transfer Family Planning/Reproductive Health Skills*

Level 4: Trainers/preceptors are officially designated/responsible to teach clinical portion				Bolivia Brazil Indonesia Nepal
Level 3: Trainers/preceptors are successfully supervising clinical practice in one or more institutions			Kazakstan Kyrgyzstan Tajikistan Turkmenistan Uzbekistan Zimbabwe	
Level 2: Core group trained to effectively transfer FP/RH skills		Ecuador Ghana India Moldova Russia Turkey Ukraine		
Level 1: Core group of clinical trainers/preceptors have had skills standardized	Burkina Faso IPPF Arab World Bureau Niger Philippines			
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.				

Local Trainers in Ukraine Expand USAID Reproductive Health Program

In Ukraine, local trainers have expanded the USAID Reproductive Health Program into 3 additional refresher training institutes. The USAID program began in 1995 in three cities (Donetsk, Odessa and Lviv) and has now been expanded into three additional cities (Kharkiv, Zaparozhe and Ivano-Frankovsk). Each city has an ob/gyn refresher training institute. With JHPIEGO support, six trainers from Donetsk and Odessa have conducted one 10-day clinical skills course followed by a 10-day training skills course for 12 faculty members of refresher institutes in Kharkiv, Zaparozhe and Ivano-Frankovsk. These courses were conducted in February and March 1998. With guidance from their colleagues in Donetsk and Odessa, these institutes developed the family planning curriculum that they will teaching as part of their overall ob/gyn curriculum.

Figure 9. Inservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Development of Learning Materials

Level 4: A system exists for ensuring the provision of sufficient number of learning materials/supplies to all institutions			Brazil Ecuador
Level 3: Adequate learning materials/supplies available in sufficient quantities in one or more institutions			Bolivia India Indonesia Nepal <i>Russia</i> Tunisia <i>Ukraine</i>
Level 2: Adequate learning materials developed for use in one or more institutions		Ghana IPPF Arab World Bureau Kazakstan Kyrgyzstan Kenya Moldova Philippines Tajikistan Turkey Uzbekistan Zimbabwe	
Level 1: Adequacy of learning materials/supplies assessed in one or more institutions	Guatemala Peru Turkmenistan		
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

SERVICE AND CLINICAL TRAINING SITES

In 1998, JHPIEGO continued working to establish and strengthen networks of service delivery sites for preservice and inservice clinical training. **Figures 10 and 11** show levels of benchmark achievement in strengthening clinical training sites in both the pre- and inservice arenas since 1 October 1993.

Figure 10. Preservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Strengthening Clinical Training Sites

Level 4: A sufficient number of sites functioning effectively as clinical training sites to meet clinical practice training needs				Kenya*/Med.
Level 3: Service sites functioning effectively (including being adequately equipped/supplied) as clinical training sites			Brazil-Ceará/Nsg. Turkey Philippines	
Level 2: Service at sites strengthened (and/or upgraded) to meet clinical training requirements		Guatemala Kazakstan Kyrgyzstan Nepal Tajikistan Turkmenistan Uzbekistan		
Level 1: Service delivery sites assessed for adequacy as clinical training sites	Ghana Indonesia <i>Kenya/Nsg.</i> Morocco Peru Russia Senegal Uganda			
* Completed in medical schools under the Third Cooperative Agreement.				
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.				

Figure 11. Inservice Arena: Highest Level at Which Any Benchmarks Have Been Completed in Strengthening Clinical Training Sites

Level 4: A sufficient number of sites functioning effectively as clinical training sites to meet clinical practice training needs			<i>Bolivia</i> <i>Brazil</i> <i>Indonesia</i> <i>Kenya</i>
Level 3: Service sites functioning effectively (including being adequately equipped/ supplied) as clinical training sites			<i>Nepal</i> <i>Philippines</i> <i>Zimbabwe</i>
Level 2: Service at sites strengthened (and/or upgraded) to meet clinical training requirements		<i>Ecuador</i> <i>India</i> <i>Kazakstan</i> <i>Kyrgyzstan</i> <i>Tajikistan</i> <i>Turkey</i> <i>Turkmenistan</i> <i>Uzbekistan</i>	
Level 1: Service delivery sites assessed for adequacy as clinical training sites	<i>Burkina Faso</i> <i>Guatemala</i> <i>IPPF Arab</i> <i>World Bureau</i> <i>Moldova</i> <i>Russia</i> <i>Senegal</i> <i>Ukraine</i>		
Countries in italics have moved up one or more levels since 1997, or are in first year of benchmark achievement.			

EVALUATION

Evaluation is a crucial element in developing a country's capacity to train its healthcare providers. Many of JHPIEGO's evaluations are described in the technical reports we publish each year. In 1998, JHPIEGO published technical reports on a skill assessment of nursing graduates in Kenya and a needs assessment of preservice medical training in Ghana (see page 31). Evaluations are also described under Strategic Objective 4 (see page 21). The evaluation of medical training in Morocco on which JHPIEGO collaborated is another example.

Moroccan Medical Schools Strengthen Clinical Practice in Family Planning and Essential Maternal Healthcare

Over the past year, collaboration between JHPIEGO and the Faculties of Medicine in Rabat and Casablanca led to reform in family planning and maternal healthcare training for sixth-year medical students. JHPIEGO, in collaboration with a consultant from the University of Montreal and the faculty of obstetrics and gynecology at the Rabat medical school, completed an evaluation of the sixth year medical training, which included both a formal assessment of students in key family planning and maternal health skills (e.g., family planning counseling and IUD insertion, third trimester exam, interpretation of the partogram, treatment of postpartum hemorrhage). The assessment in Rabat had two parts: a clinical skills evaluation

using a mixture of case studies, role plays and simulations with anatomic models, and a qualitative process evaluation using faculty interviews and student questionnaires. Although the full evaluation protocol could not be implemented in Casablanca because of departmental restructuring, faculty interviews and student discussions were conducted.

Findings in Rabat showed that the majority of students were competent in each skill. The students and faculty were positive about the training experience, especially when asked to compare it to rotations in other disciplines. Most students were moderately confident that they were prepared for their internship in the regions (i.e., they responded in the middle of a 5-point scale that "I am fairly well prepared" to take care of normal and complicated obstetric cases). Students did, however, request more hands-on practice with both anatomic models and clients, especially in family planning clinics.

DIRECT TRAINING

Direct training of service providers is still a part of JHPIEGO's mission, especially when a new reproductive health service is being introduced in a country. But it has increasingly become an indirect result of JHPIEGO's country programs, which now focus on more comprehensive efforts to develop and strengthen sustainable educational and training systems.

Physician-Nurse Teams in Burkina Faso Are Trained in Postabortion Care Using Manual Vacuum Aspiration

Between December 1997 and April 1998, approximately 500 postabortion care (PAC) cases were managed at two national teaching hospitals in Burkina Faso, the Centre Hospitalier National Yalgado Ouedraogo in Ouagadougou and the Centre Hospitalier National Sanou Souro in Bobo-Dioulasso. In October 1997, following a series of JHPIEGO-supported training activities, these hospitals began providing PAC services to treat incomplete abortions using manual vacuum aspiration (MVA) and also began systematically offering family planning counseling and services. Since that time, the core physician/nurse-midwife PAC teams have gone on to train the others in the maternities, so that almost all incomplete abortions are now handled as outpatient procedures, using local anesthesia. All physicians working in these maternities have been trained in the MVA procedure, and additional nurses and midwives have been trained to assist in the procedure and provide needed counseling services, thus allowing services to be provided 7 days a week. In addition, the teams at each hospital have conducted sessions on infection prevention for other maternity staff, and the maternity heads have been able to obtain support from the hospital administration for materials (notably additional bleach) to improve infection prevention practices. Burkina Faso is the first Francophone country in sub-Saharan Africa to initiate PAC services using MVA.

STRATEGIC OBJECTIVE 3: MAXIMIZING ACCESS TO AND QUALITY OF FAMILY PLANNING SERVICES (MAQ)

USAID's MAQ initiative focuses on strengthening client-provider interaction; management/supervision; technical competence/guidance; and policy, advocacy, communication and education. JHPIEGO's work related to the MAQ initiative is integrated into all of its programs. Following are a description of the MAQ Bulletin published in 1998, and a workshop on Norplant implants services which embodied the MAQ concepts.

MAQ Bulletins

The MAQ Bulletins document countries' achievements, provide news and evaluation data from MAQ conferences and disseminate up-to-date reproductive health information. In 1998, the third issue of the MAQ Bulletin was published in both English and French. This issue of the Bulletin featured the report of a study of reproductive health attitudes and behavior of teenage girls in Mali, an update of progress on the MAQ action plan in Togo, a discussion of postabortion care in West Africa and an article on steaming as a practical method for high-level disinfection of surgical gloves.

Ten Countries Examine Quality and Sustainability of Norplant Implants Services

During a 3-day workshop held in Lomé, Togo, 20–21 April 1998, key representatives (health professionals and policymakers) from nine countries in West and Central Africa (WCA) and from Haiti critically examined the issues of quality and sustainability of Norplant implants services. Seven country delegations (Benin, Burkina Faso, Cameroon, Haiti, Mali, Senegal, Togo) evaluated their existing programs while three others (Côte d'Ivoire, Guinea, Niger) assessed their readiness to introduce Norplant implants. About 50 participants, including donors and USAID mission representatives from Senegal and Guinea, were guided in their deliberations by the draft consensus document, relevant sections from volumes I and II of the USAID Technical Guidance Working Group's document, a Family Health International report on women's access to Norplant implants services in Senegal, selected presentations and a detailed questionnaire (the Norplant Self-Assessment, or NORSAS), which asked each country delegation to rate 25 quality of care and quantitative items. The workshop, which was jointly organized by JHPIEGO and the REDSO-funded Family Health and AIDS Prevention (SFPS) project, resulted in the following major outputs: country-specific recommendations for introduction, continuation, expansion or phase-out of Norplant implants services; a revised Norplant implants consensus document; and recommendations for how the WCA region could use the limited resources more efficiently and effectively to continue, and in some countries, expand Norplant implants services.

STRATEGIC OBJECTIVE 4: TRAINING TECHNOLOGIES, APPROACHES AND MATERIALS DEVELOPMENT

This strategic objective centers on training technologies, approaches and materials for improving reproductive health training. In previous years, activities linked to this objective have included video teleconferencing, on-the-job training and Modified Computer Assisted Learning (ModCal™). Following are examples of some of JHPIEGO's recent work that is related to this objective.

Project to Develop Technology-Assisted Learning Centers for Performance Support Is Piloted in Haiti

In 1998, JHPIEGO supported the development of technology-assisted learning centers (TALC) for its reproductive health trainers and faculty. The aim of these learning centers is to provide trainers and healthcare professionals with the latest reproductive health information technology and to link members of JHPIEGO's trainer network with one another.

As part of this effort, the Haitian Institute for Health and Community Action (INHSAC), a Haitian nongovernmental public health training institution, collaborated with JHPIEGO on a pilot project to develop an electronic technical resource center. This center will link INHSAC's network of trainers, through the Internet, to JHPIEGO trainers, health professionals around the world and other international training resources. Four computers, which were installed and networked in August, provide INHSAC trainers with access to information on the latest reproductive health technology. Internet training classes for INHSAC trainers will begin early in 1999.

Zimbabwe Study Finds Visual Inspection of the Cervix an Effective Screening Method for Cervical Cancer in Low-Resource Settings

This year, JHPIEGO completed its study of the effectiveness of visual inspection of the cervix as an alternative to Pap smears in low-resource settings. This two-part study, conducted in collaboration with the University of Zimbabwe, enrolled over 10,000 women. Nurse-midwives wiped each woman's cervix with acetic acid and then inspected it for white areas indicating precancerous lesions. It was found that visual inspection plus acetic acid detected 75 percent of cervical pre-cancer and cancer cases. Visual inspection/acetic acid screening also yielded a number of false positives, but it is expected that improved training will reduce this number. The findings of this study will be published in *The Lancet* in 1999.

JHPIEGO's ReproLine® Selected Among Best of the Net

Early in 1998, JHPIEGO's ReproLine was selected as one of 12 websites that the editorial reviewers of the *Journal of the American Medical Association* (JAMA) consider "useful, relevant and important based on content, presentation and functionality." ReproLine was developed by JHPIEGO as a source of up-to-date information (reference materials and presentation graphics) on selected reproductive health topics, including family planning. Other USAID cooperating agency

websites—those of AVSC (Access to Voluntary and Safe Contraception) International, Contraceptive Research and Development Program (CONRAD), Family Health International and The Population Council—were cited as well. The entire Best of the Net listing is online at:

<http://www.ama-assn.org/special/contra/bestonet/bestonet.htm>

New Reference Manuals and Videos Produced for JHPIEGO Learning Packages

In 1998, translations of two of JHPIEGO's global reference manuals were published: the Portuguese translation of *IUD Guidelines for Family Planning Service Programs*, second edition and the French translation of *Instructional Design Skills for Reproductive Health Professionals*. Both of these manuals are already being used in programs in Brazil and West Africa, respectively. In addition, a minilaparotomy learning package, consisting of a reference manual, trainer's notebook and participant's handbook, and a laparoscopy learning package, consisting of a reference manual, trainer's notebook, participant handbook and video photoset, were produced for Nepal.

Several other videos also were created this year to complement existing JHPIEGO global learning packages. In late 1997, a 35-minute video on *Insertion and Removal of the Copper T 380A IUD* was produced in English, French, Portuguese, Russian and Spanish. It presents a systematic approach to the safe and gentle insertion of the IUD, featuring a "no touch" insertion technique. A second new video on *Removal of Norplant Capsules Using the "U" Technique* was produced in English and French. Also, an updated version of our 1996 video *Introduction to the ZOE® Gynecologic Simulator* was produced in English, French and Russian. It contains new information about postpartum IUD insertion and repair of the ZOE anatomic model. At the same time, a revised instructional booklet to accompany the ZOE video was created in three languages. Also in 1998, both the French and Spanish translations of the JHPIEGO photoset *Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments* were completed and are already being used in our country programs. Finally, in 1998 we produced a video photoset on no-scalpel vasectomy for training in Nepal.

STRATEGIC OBJECTIVE 5: GLOBAL EXPERT RESOURCE DEVELOPMENT

JHPIEGO's fifth strategic objective focuses on developing technical resources to expand international reproductive health resources and systems. Progress since 1993 in the development of candidate and qualified clinical, advanced and master trainers, classroom faculty and clinical instructors is shown in **Table 3**. Below are examples of activities in 1998 that were linked to this objective.

Table 3. Trainer Development: 1 October 1993–30 September 1998

	CANDIDATE	QUALIFIED	DEFINITION
Clinical Trainers	241	289	Trainer who can impart clinical skills to providers. A clinical trainer must be proficient (expert) in the clinical FP/RH service for which s/he will be providing clinical training as well as competent in clinical training skills.
Advanced Trainers	56	26	A trainer who can impart clinical and clinical training skills to proficient service providers. S/he also should be knowledgeable and experienced in conducting various types of RH courses. Generally, a JHPIEGO advanced trainer first has been a proficient service provider, then a clinical trainer and has completed an apprenticeship (i.e., cotrained) with a master trainer as a part of a progressive experience in JHPIEGO training approaches.
Master Trainers	13	7	Trainer who can impart advanced and clinical training skills as well as clinical skills to other health professionals. S/he also should be knowledgeable and experienced in developing courses, conducting various types of training courses in RH and evaluating training. Generally, a master trainer first has been a proficient service provider and then a clinical trainer and an advanced trainer. The master trainer may assist with program development or program implementation or serve as a master trainer in a specific activity, including cotraining with a clinical trainer or an advanced trainer.
Classroom Faculty	104		A person who can impart knowledge to others, but who does not train others in clinical skills. These professionals usually function in preservice settings.
Clinical Instructors	31		A person who can transfer clinical skills to others, but is not qualified to impart knowledge to others (as a clinical skills trainer is). Clinical Instructors are sometimes referred to as preceptors.

ReproNet™ and TrainerNews™ Provide Support for Reproductive Health Trainers

In 1997, JHPIEGO established ReproNet, a network to connect trainers and provide a means for exchanging information and ideas. To date, approximately 500 trainers in 50 countries have joined this network. ReproNet is especially exciting for JHPIEGO because it allows trainers in countries in which we are no longer working (e.g., Egypt, India, the Philippines) to connect with other trainers in their own or

other countries. In 1998, ReproNet widened its focus to offer Performance Support Services—the resources used to support JHPIEGO’s approach to training, share up-to-date information, foster a virtual community of active reproductive health trainers and provide forums for communication. This year, ReproNet also established a listserv for its members, and now provides by e-mail a free monthly newsletter, JHPIEGO TrainerNews. This electronic publication provides current training news, medical briefs and tips about Internet resources of interest to reproductive health trainers.

HBCU Training Initiative Develops Capacity to Provide Education and Training in Reproductive Health

Since 1995, as part of its Historically Black Colleges and Universities (HBCU) training initiative, JHPIEGO has worked with Morehouse School of Medicine (MSM) to strengthen MSM’s capacity to enter into independent contractual arrangements in international reproductive health training and educational development, and to increase the capability of the MSM staff to function as experts in these areas. MSM has now begun actively seeking international training opportunities and has responded to requests for proposals for provision of technical assistance in Jamaica, Tunisia and Zambia. In March, JHPIEGO conducted an Advanced Training Skills workshop for 20 MSM staff in Atlanta.

This year, JHPIEGO began a similar capacity-building initiative with Charles R. Drew University of Medicine and Science (Drew), focusing on developing Drew’s technical and administrative expertise. Working with MSM staff as cotrainers, JHPIEGO conducted a contraceptive technology update and clinical and advanced training skills workshops for 10 midwives at Drew. To further build Drew’s capacity to provide technical assistance internationally, a number of other workshops to be conducted in conjunction with MSM and JHPIEGO are planned. Funding to support these activities is actively being sought.

JHPIEGO Reproductive Health Advisors Receive Gates Fellowships

In 1998, two JHPIEGO physicians who had completed the requirements for their Master of Public Health degrees while providing technical assistance to JHPIEGO were selected to attend the prestigious Strategic Leadership and Management for Population and Reproductive Health workshop. This 2-week workshop is part of the Johns Hopkins Leadership Program in Population and Reproductive Health, which is supported by the William H. Gates Foundation. The workshop addressed innovative approaches to policy analysis, strategic planning, program management and evaluation, and organizational change. The two JHPIEGO participants came away from this exciting workshop with ideas, strategies and leadership techniques that they are now sharing with their colleagues and using in JHPIEGO reproductive health training projects.

Public and Private Sectors Collaborate in Bolivia to Learn Low-Cost, Low-Technology Infection Prevention Measures Including Adequate Disposal of Biohazardous Waste

A September 1998 infection prevention workshop for reproductive health trainers in Cochabamba, Bolivia, cosponsored by JHPIEGO and Pathfinder International, was characterized by a sense of collaboration between the public and private sectors. Workshop participants—physicians and nurses who represented a variety of institutions including the Ministry of Health, several nongovernmental organizations and four nursing schools—learned low-cost, low-technology measures to protect healthcare workers, prevent nosocomial infections and adequately dispose of biohazardous waste. After the workshop, the participants returned to their respective institutions to conduct replica infection prevention workshops for their colleagues, coworkers and students.

SUMMARY

A summary of selected achievements in the Cooperative Agreement Period (1 October 1993 through 30 September 1998) is presented in **Table 4**.

Table 4. Selected Achievements in the Cooperative Agreement Period by SO1 Intermediate Results: 1 October 1993–30 September 1998

<i>INDICATOR</i>	<i>COMMITMENTS 1 Oct. 1993–30 Sept. 1998</i>	<i>ACHIEVEMENTS by 30 Sept. 1998</i>	<i>NOTES</i>
1.1 New and improved technologies and approaches for family planning programs			
1.1.a New and improved products, strategies and technologies developed and evaluated			
Joint country strategy developed	15 countries	20 countries	Includes Brazil, Burkina Faso, CEN Region, Ghana, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Niger, Peru, Philippines, Russia, Senegal, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan and joint IPPF/JHPIEGO training strategy for 15 Arab world regional affiliates completed. <i>Also contributes to Intermediate Results 1.2a, 1.3.a</i>
JHPIEGO learning and educational materials (new and updated) harmonized with USAID Interagency Working Group standards	100% of JHPIEGO materials	10/10 materials	Service Delivery Guidelines <i>Also contributes to Intermediate Result 1.1.d</i>
New learning packages developed	2 packages	5 packages	Complete learning package of reference manual, course handbook and trainer's notebook completed for: Clinical Training Skills for Reproductive Health Professionals, Instructional Design Skills, Norplant Implants and Postabortion Care; CTU package also completed (PocketGuide and RHSGs); Advanced Training Skills draft reference manual field-tested.
1.1.c Improved knowledge-base for understanding, setting priorities and applying new or improved technologies and approaches			
Joint country needs assessments conducted	15 countries	22 countries	Includes Bolivia, Brazil, Burkina Faso, CEN Region, Ghana, Haiti, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Moldova, Morocco, Niger, Peru, Russia, Tajikistan, Turkmenistan, Uganda, Ukraine, Uzbekistan and Zimbabwe. <i>Also contributes to Intermediate Result 1.3.a</i>
Special study conducted to assess the impact of inservice training	11 countries	5 countries (includes multiple activities in some countries)	Includes Ghana, Kenya, Philippines, Zimbabwe and Nepal.

INDICATOR	COMMITMENTS <i>1 Oct. 1993–30 Sept. 1998</i>	ACHIEVEMENTS <i>by 30 Sept. 1998</i>	NOTES
Special studies showing improved effectiveness/efficiency of training	2 studies	5 studies, plus 2 pilot-tests	Kenya and Zimbabwe (IUD structured OJT pilot-test completed 1998), Indonesia (Norplant training arm model study), Indonesia (Norplant removal study; U technique), Philippines and Zimbabwe (ModCal IUD pilot-test 1997), Thailand (pelvic model), Zimbabwe (cervical cancer screening initiative pilot-test completed September 1995; Zimbabwe Cervical Cancer Screening [Study of Unaided Visual Inspection Training] study completed September 1997).
1.2 Improved policy environment and increased global resources for family planning programs			
1.2.a National and operational policies relating to family planning and reproductive health formulated, disseminated and implemented, and barriers to service availability removed			
Contraceptive method-specific guidelines developed	15 countries	16 countries*	Includes Bolivia, Brazil, Burkina Faso, Guatemala, India, Indonesia, Kyrgyzstan, Morocco, Nepal, Peru, Philippines, Russia, Senegal, Turkey, Ukraine and Zimbabwe. * PAC guidelines (Nepal, Burkina Faso, Senegal) Also contributes to Intermediate Result 1.4.b
Medical barriers to service access and quality are identified and addressed in national FP/RH guidelines	6 countries	18 countries	Includes Bolivia, Botswana, Brazil, Cameroon, Guatemala, Guinea, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Nepal, Peru, Philippines, Senegal, Turkey, Ukraine, Uzbekistan and Zimbabwe. Also contributes to Intermediate Results 1.4.a, 1.4.b
1.3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, evaluate and finance sustainable family planning programs			
1.3.a Improved technical and management capacity within family planning and reproductive health institutions			
Family planning training program established in one or more of the major preservice (medical, midwifery, nursing) systems	20 countries	20 countries in progress** 3 countries completed*	The 20 in progress/3 completed include Bolivia, Brazil, Ecuador, Ghana, Guatemala, India, Kazakhstan, Kenya, Kyrgyzstan, Morocco, Nepal, Niger, Peru, Philippines, Russia, Senegal, Tajikistan, Turkey, Turkmenistan, Uganda, Uzbekistan and Zimbabwe. *Philippines, Zimbabwe and India programs considered "completed" as USAID funding ceased in FY98. **Assessment in Malawi (new program country) in FY98 made to determine possible program strategies for FY99. Also contributes to Intermediate Result 1.4.b

1998 ANNUAL EXPENDITURE SUMMARY

EXPENSE DESCRIPTION	FY 1998 EXPENSES
Country Project Expenses	
Africa: East and Southern	1,744,972
Africa: West	1,429,870
Asia: Central; Europe; and Near East	2,106,062
Asia: South and Southeast	2,612,393
Latin America and Caribbean	2,056,801
Subtotal Country Projects	9,950,098
Core Project Expenses	
New Initiatives	624,996
Materials Development	1,075,997
Technical Leadership	1,797,980
Research	381,532
Subtotal Core Projects	3,880,505
GRAND TOTAL	13,830,603

1998 COUNTRY PROJECT EXPENSES

REGION	FY 1998 EXPENSES
Africa: East and Southern	
Kenya	788,140
Uganda	652,099
Zambia	6,680
Zimbabwe	298,053
Total	1,744,972
Africa: West	
Burkina Faso	100,015
Ghana	422,732
Guinea	64,590
Haiti	243,394
Morocco	250,581
Niger	120,292
Senegal	117,486
Tunisia	38,006
Regional	72,774
Total	1,429,870
Asia: Central; Europe; and Near East	
Kazakstan	862
Kyrgyzstan	756
Moldova	252,821
Russia	329,007
Tajikistan	59,688
Turkey	848,102
Turkmenistan	17,303
Ukraine	468,121
Uzbekistan	2,041
Regional	127,361
Total	2,106,062
Asia: South and Southeast	
India	97,907
Indonesia	1,468,898
Nepal	918,878
Philippines	126,710
Total	2,612,393
Latin America and Caribbean	
Bolivia	261,671
Brazil	890,251
Ecuador	148,264
Guatemala	179,666
Peru	576,949
Total	2,056,801
TOTAL COUNTRY PROJECTS	9,950,098

LEARNING MATERIALS, PUBLICATIONS AND PRESENTATIONS

REFERENCE MANUALS

Compétences en Conception de Programmes Pédagogiques pour les Professionnels en Santé de la Reproduction (French translation of *Instructional Design Skills for Reproductive Health Professionals*). Authors: R Sullivan and L Gaffikin.

Laparoscopy Under Local Anesthesia: Reference Manual for Nepal (with corresponding Participant's Handbook, Trainer's Notebook and video photoset).

Manual de Procedimentos do DIU para Serviços de Planejamento Familiar: Um Manual de Referência para Solução de Problemas, Segunda Edição (Portuguese translation of *IUD Guidelines for Family Planning Service Providers: A Problem-Solving Reference Manual*, second edition). Editors: N McIntosh, B Kinzie and A Blouse.

Minilaparotomy Under Local Anesthesia: Guidelines for Nepal (with corresponding Participant's Handbook and Trainer's Notebook).

VIDEOS AND PHOTOSETS

Insertion and Removal of the Copper T 380A IUD (Separate videos produced in English, French, Portuguese, Russian and Spanish).

Introduction to the ZOE® Gynecologic Simulator (Single video produced with English, French and Russian segments, with accompanying instruction booklet in three languages).

Laparoscopic Tubal Occlusion: Training Photoset for Nepal.

No-Scalpel Vasectomy Procedure: Training Photoset for Nepal.

Removal of Norplant® Capsules Using the "U" Technique (Separate videos produced in English and French).

Services de Soins après Avortement: Utilisation de l'Aspiration Manuelle Intra-Utérine et Pratiques Recommandées pour Traiter les Instruments d'AMIU. (French translation of English photoset *Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments*). (Revision and update of first edition)

Servicios en la Atención Postaborto: Uso del Juego de Fotografías de Capacitación y Prácticas Recomendadas para el Procesamiento del Instrumental para la AMEU (Spanish translation of English photoset *Postabortion Care Services: Use of Manual Vacuum Aspiration and Recommended Practices for Processing MVA Instruments*).

PROCEEDINGS

Alternatives for Cervical Cancer Screening and Treatment in Low-Resource Settings. 1997. Proceedings of a workshop in Baltimore, Maryland, sponsored by JHPIEGO, 21–22 May. Editors: L Gaffikin, PD Blumenthal, C Davis and SJG Brechin.

Atelier Sous-Regional Relatif à L'Avenir des Services de Norplant en Afrique Centrale et de L'Ouest et Haïti. 1998. Report of regional workshop on future of Norplant services in Central and West Africa and Haiti. Lomé, Togo, 20–22 April.

Workshop Highlights: Alternatives for Cervical Cancer Screening and Treatment in Low-Resource Settings. 1997. Highlights of Proceedings of a workshop in Baltimore, Maryland, sponsored by JHPIEGO, 21–22 May.

TECHNICAL REPORTS

Family Planning/Reproductive Health Skills Assessment of Nurses Finishing Basic Training in 12 Institutions in Kenya. SJG Brechin, TM Smith and L Schaefer.

Needs Assessment of Ghana Preservice Medical Training. Authors: J Smith, A Ghosh, SJG Brechin, EO Otolorin and EY Kwawukume.

OTHER PUBLICATIONS AND PRESENTATIONS

Brechin S, R Sullivan, M Lacoste and T Smith. 1997. *Expanding Training Options for Clinical Skills Training Through Structured On-the-Job Training: A Pilot Test in Zimbabwe and Kenya.* Paper presented at American Public Health Association Annual Meeting. Indianapolis, Indiana, November.

Diabaté Diallo F, K Jesencky and C Peterson. 1998. *Followup Postabortion Care Visit, Burkina Faso, 2–16 March 1998.* JHPIEGO Corporation: Baltimore, Maryland.

Gaffikin L. 1998. *Visual Inspection of the Cervix: A Literature Review.* Paper presented at International Conference on Reproductive Health. Mumbai, India, 16–19 March.

Gaffikin L, A Phiri, J McGrath, A Zinanga and PD Blumenthal. 1998. Provider attitudes toward IUD provision in Zimbabwe: Perception of HIV risk and training implications. *Advances in Contraception* 14(1): 27–39.

Ghosh A. 1998. *Establishing Postabortion Care Services in Burkina Faso.* Poster presented at meeting of National Council for International Health. Arlington, Virginia, 25 June.

Ghosh A. 1998. *Management of STDs in Family Planning Settings in Ghana.* Poster presented at meeting of National Council for International Health. Arlington, Virginia, 25 June.

- Ghosh A, B Kone, J Lankoande and P Tapsoba. 1998. *Introducing Improved Postabortion Care into Maternity Services in Burkina Faso*. Paper presented at Global Meeting on Postabortion Care: Advances and Challenges in Operations Research. New York, New York, 19–21 January.
- Janoski S and W Shasha. 1998. *Promoting Decentralized Inservice Clinical Training: Assessment of Nine Potential Training Sites in Selected Departments of Haiti*. JHPIEGO Corporation: Baltimore, Maryland.
- Macias J. 1998. *Documenting the Reduction of Medical Barriers in Reproductive Health Service Guidelines: Bolivia, Brazil, Guatemala and Peru*. Paper presented at MAQ Conference: From Guidelines to Action. Washington, D.C., 12–13 May.
- Magarick R, R Hughes, Vijaya KC, L Schaefer and S Brechin. 1997. *Institutionalizing Competency-Based Reproductive Health Training in a National Training System*. Paper presented at American Public Health Association Annual Meeting. Indianapolis, Indiana, 11 November.
- Sanghvi H. 1998. *Elements of Care of Mother and Baby at the Health Center and First Referral Level*. Paper presented at Uganda Essential Maternal Health Care meeting. August.
- Sanghvi H. 1998. Presentation at ECSA Regional Meeting on Prevention and Control of Cervical Cancer. Nairobi, Kenya, 29 March–1 April.
- Sanghvi H. 1998. *The Situation of Postabortion Care in Zambia: An Assessment and Recommendations*. Paper presented at meeting sponsored by USAID/REDSO/ESA, USAID Bureau for Africa, POLICY Project and JHPIEGO. May.
- Sanghvi H and M Makumi. 1998. *Reproductive Health and Family Planning Guidelines and Standards for Service Providers, the Kenya Story*. Paper presented at MAQ Conference: From Guidelines to Action. Washington, D.C., 12–13 May.
- Smith JM, AR Conwit and PD Blumenthal. 1998. Ulnar nerve injury associated with removal of Norplant implants. *Contraception* 57(2): 99–101.
- Strategy for Norplant® Services in Central and West Africa and Haiti: Consensus Document*. 1998. Document developed during a regional workshop on the future of Norplant services in Central and West Africa and Haiti. Lomé, Togo, 20–22 April. (Also published in French: *Stratégie pour les Services de Norplant en Afrique Centrale et de l'Ouest et Haïti: Document de Consensus*.)
- Sullivan RL. 1998. *The Transfer of Skills Training*. American Society for Training and Development: Alexandria, Virginia.
- Sullivan R and L Hudspeth. 1998. *Developing Interactive Multimedia for International Training*. Paper presented at American Society for Training and Development Interactive Multimedia Summer Conference and Exposition. Arlington, Virginia, 26–28 August.

Sullivan R and L Hudspeth. 1998. *Developing Interactive Multimedia for International Training*. Paper presented at American Society for Training and Development International Conference. San Francisco, California, 31 May–4 June.

Sullivan RL, S Brechin and M Lacoste. 1998. Structured on-the-job training: Innovations in international health training, in *Linking HRD Programs with Organizational Strategy*. Rothwell WJ (ed). American Society for Training and Development: Alexandria, Virginia.

Vogel R, M Ahnan and L Schaefer. 1998. *An Assessment of Social Marketing Pakistan Clinical Training Activities*. JHPIEGO Corporation (for Social Marketing Pakistan, Karachi, Pakistan): Baltimore, Maryland.

Wircenski JL and RL Sullivan. 1998. *Make Every Presentation a Winner*. American Society for Training and Development: Alexandria, Virginia.

OTHER

JHPIEGO TrainerNews™ (April, May, June, August and September issues).

MAQ Bulletin, Issue No. 3 (Produced in English and French).